BASIC EXAM SEARC FEE FO TOTAL INDEPI			mecuve De	ecember	8. 20	004			\perp	/	5/1/0	7/
BASIC EXAM SEARC FEE FO TOTAL INDEPI	·		AS FILED					SMALL EN	JITTY	<i>)</i>	2647	37
BASIC EXAM SEARC FEE FO TOTAL INDEPI			(Column 1)			(Column 2)	_	TYPE		OF	SMALL	R THAN ENTITY
EXAM SEARG FEE FG TOTAL INDEP	U.S. NATIONAL STAGE FEES						1	RATE	FEE		RATE	FEE
SEARGE FOR TOTAL INDEPLEMENTAL INDEPLEMENT If the	BASIC FEE			SMALL ENT. = \$ 150		RGE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	30
FEE FOTAL INDEP	EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM. FEE		7	EXAM. FEE	26
TOTAL INDEPI	SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
MULTIF	FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =	1	X \$ 125 =		7	X \$ 250 =	
MULTIF	TOTAL CHARGEABLE CLAIMS			Minus 20 = .			1	X \$ 25 =		OR	X \$ 50 =	1
If the	NDEPENDENT CLAIMS			minus 3 = .			1	X \$ 100 =		OR	X \$ 200 =	
<u> </u>	PLE DEPE	NDENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
OMENT A	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	
DMENT A	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
E To		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
╤┖┈	tal	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME pul	lependent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
F	IRST PRES	SENTATION OF M	ULTIPLE DEF	ENDENT C	LAIM			+\$ 180 =		OR	+ \$ 360 =	
							_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column	. 21	(Column 3)						
		CLAMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	al	•	Minus	**		=	Γ	X \$ 25 =	-	OR	X \$ 50 =	
Inde	pendent	* .	Minus	***		= -		X \$ 100 =		OR	X \$ 200 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT (ENDENT CL	AIM			+ \$ 180 =		OR	+ \$ 360 =	
			······································				ī	OTAL ADDIT. FEE		OR T	FEE	
						•						
* If the	Highest Nu	mn 1 is less than the mber Previously Paid mber Previously Paid	FOR IN THIS SP	ACE is less th	an '2 0',	enter "20".					·	

FORM PTO-875 (Rev. 02/2005)

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